

# DELINEATION OF CLINICAL PRIVILEGES - FAMILY PRACTICE

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER (Last, First, MI)	2. RANK/GRADE	3. FACILITY
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**INSTRUCTIONS:**

**PROVIDER:** Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

**SUPERVISOR:** Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

**GENERAL:** Family Practice practitioners will demonstrate skills in interviewing, examination, assessment, and management of patients with general medical, obstetrical, surgical, and psychiatric health problems. Full privileges include admission privileges to all services to include the intensive care areas of the hospital (MICU/CCU/SICU).

PROVIDER CODES	APPROVAL CODES
1 - Fully competent to perform 2 - Modification requested ( <i>Justification attached</i> ) 3 - Supervision requested 4 - Not requested due to lack of expertise 5 - Not requested due to lack of facility support	1 - Approved as fully competent 2 - Modification required ( <i>Justification noted</i> ) 3 - Supervision required 4 - Not approved, insufficient expertise 5 - Not approved, insufficient facility support

## SECTION I - CLINICAL PRIVILEGES

**Category I. Emergency Care.**

Uncomplicated illnesses or problems which have low risk to the patient such as routine prenatal health care, incision and evacuation of thrombosed hemorrhoids, and acute and chronic outpatient care in clinics and emergency services. Residency training is not required but reasonable experience in the care of patients with these problems or in the performance of these procedures is required.

Requested	Approved		Requested	Approved	
		Category I clinical privileges			e. Regional Anesthesia
		a. Anoscopy			f. Splinting/Casting/Immobilizing of Simple Fractures
		b. ECG Performance and Initial			
		c. Basic Radiologic Interpretations ( <i>Skull, spine, CXR, abdomen, IVP, and extremity</i> )			
		d. Insertion/Removal of IUD			

**Category II. Includes Category I.**

Major illnesses, injuries, conditions or procedures which do not have significant risk to life such as in the provision of care for uncomplicated psychiatric, orthopedic, medical, pediatric, or obstetrical patients. Requires at least significant graduate Family Practice training or considerable documented experience in the care of these conditions, or the performance of these procedures.

Requested	Approved		Requested	Approved	
		Category II clinical privileges			f. Breast Mass/Cyst Aspiration
		a. Lumbar Puncture ( <i>Adult and Child</i> )			g. Nasopharyngoscopy
		b. Infant/Newborn Resuscitation			h. Procto-/Flexible Sigmoidoscopy
		c. Vaginal Delivery ( <i>Uncomplicated</i> )			i. Minor Surgery
		d. Endometrial Biopsy			
		e. Circumcision ( <i>Infant</i> )			

**Category III. Includes Categories I and II.**

Major illnesses, injuries, conditions or procedures which may carry some substantial threat to life such as heat stroke, pre-eclampsia, vertebral fractures, initial management of multiple trauma victims, myocardial infarctions, burns, and behavioral modification counseling. Requires Family Practice residency completion and/or board certification.

Requested	Approved		Requested	Approved	
		Category III clinical privileges			h. Obstetrical Ultrasound, Limited ( <i>Describe</i> )
		a. Joint Aspiration/Injection			i. Vaginal Birth After Cesarean (VBAC)
		b. Diagnostic Thoracentesis With or Without Biopsy			j. Dilation & Curettage
		c. Abdominal Pericentesis			k. Colposcopy, Diagnostic/Therapeutic/LEEP
		d. Bone Marrow Aspiration and Biopsy			l. Insert/Remove Norplant Device
		e. Low Forceps Delivery			m. First Assist at Major Surgical Procedures
		f. Vacuum Extraction			n. Reduction of Simple Extremity Fractures
		g. Obstetrical Anesthesia			o. Vasectomy

<b>Category III. (Continued)</b>					
Requested	Approved		Requested	Approved	
		p. Treadmill Stress Testing <i>(Thallium, etc.)</i>			
		q. Arterial Line Placement			
		r. Central Line Placement			
<b>Category IV.</b> Includes Categories I, II, and III. Unusually complex or critical patient care problems or procedures with serious threat to life such as complicated myocardial infarctions, c-sections, and prolonged assisted pulmonary ventilation. Requires extensive experience beyond board certification. Consultation or supervision by a subspecialty trained physician is mandatory.					
Requested	Approved		Requested	Approved	
		Category IV clinical privileges			c. Ventilator Management
		a. Pulmonary Artery Catheterization			
		b. Management of Severe Pre-eclampsia			
COMMENTS					
			SIGNATURE OF PROVIDER		DATE (YYYYMMDD)
<b>SECTION II - SUPERVISOR'S RECOMMENDATION</b>					
Approval as requested <input type="checkbox"/> Approval with Modifications <i>(Specify below)</i> <input type="checkbox"/> Disapproval <i>(Specify below)</i> <input type="checkbox"/>					
COMMENTS					
DEPARTMENT/SERVICE CHIEF <i>(Typed name and title)</i>			SIGNATURE		DATE (YYYYMMDD)
<b>SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION</b>					
Approval as requested <input type="checkbox"/> Approval with Modifications <i>(Specify below)</i> <input type="checkbox"/> Disapproval <i>(Specify below)</i> <input type="checkbox"/>					
COMMENTS					
CREDENTIALS COMMITTEE CHAIRPERSON <i>(Name and rank)</i>			SIGNATURE		DATE (YYYYMMDD)